


# Retail Food Inspection Report

Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> FAIRMONT ELEMENTARY	<b>Telephone Number</b> Est 812-542-5501 Own 812-542-4703	<b>Date of Inspection</b> 09/28/2020	<b>ID#</b>		
<b>Address</b> 1725 ABBIE DELL AVENUE, NEW ALBANY IN 47150					
<b>Owner</b> NAFCS FOOD & NUTRITION SERVICES	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 10/08/2020		
<b>Owner's Address</b> 2801 GRANTLINE RD NEW ALBANY, IN 47150-		<b>Menu Type</b> 1 _ 2 _ 3 <u>X</u> 4 _ 5 _			
<b>Person in Charge</b> MARGIE PLUMMER					
<b>Responsible Person's Email</b> PCASEY@NAFCS.K12.IN.US					
<b>Certified Food Handler</b> MARGIE PLUMMER					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"					
<b>Section #</b>	<b>C</b>	<b>NC</b>	<b>R</b>	<b>Narrative</b>	<b>To Be Corrected</b>
<b>Summary of Violations</b> C ____ NC ____ R ____					
Received by (name and title printed): MARGIE PLUMMER			Inspected by (name and title printed): A.J. Ingram CHIEF FOOD SPECIALIST		
Received by (signature):			Inspected by (signature): 		
cc:		cc:		cc:	